

**Town of Hilton Head Island Fire & Rescue
Communications Division
40 Summit Drive
Hilton Head Island, S.C. 29926
Phone: (843) 682-5100 Fax: (843)682-5132**



Name:_____

Physical Address:_____

Telephone Number:_____

Medical Problems: _____

Medications Taken Regularly: _____

Handicaps or Disabilities?_____

Are you a File of Life participant? Yes or No. If yes, where is it located:_____

Any pets in the residence? Yes or No. If yes, type of pet:_____

Does your pet bite? Yes or No. Name of pet:_____

Contact name and number of whom to notify in the event of an emergency.

Name_____ **Relationship**_____ **Telephone:**_____

Does anyone have a key to your residence in the event of emergency? Yes or No.

If yes: Name_____ **Telephone Number**_____

Additional Information you feel may be pertinent to an emergency at your home:

This information is for Emergency Services Personnel ONLY. It will remain confidential. This data will be entered in the Communications CAD System and supplied to emergency personnel responding to an emergency at your residence. This data will be expunged from our records July 1, 2006 (valid for only one year). Updates and changes should be sent to the Communications Division at 40 Summit Drive, Hilton Head Island, S.C. 29926, annually.